

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Thomas O. MALONE	Thomas O. Malone	Street: 2530 N. 70 St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/18/2011 (Month) (Day) (Year)	Email Phone ()
2. Deborah S. Gade	Deborah S. Gade	Street: 2509 N. 69th St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/19/2011 (Month) (Day) (Year)	Email Phone ()
3. Mary Jo Malone	Mary Jo Malone	Street: 2530 N. 70th St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/19/2011 (Month) (Day) (Year)	Email Phone ()
4. Belinda J. Kenwood	Belinda J. Kenwood	Street: 2331 N. 61st St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/19/2011 (Month) (Day) (Year)	Email Phone ()
5. Jonathon Leubner	Jonathon Leubner	Street: 2415 N. 72nd St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/26/2011 (Month) (Day) (Year)	Email Phone ()
6. Mary Connolly-Leubner	Mary Connolly-Leubner	Street: 2415 N. 72nd St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/26/2011 (Month) (Day) (Year)	Email Phone ()
7. Benjamin Leubner	Benjamin Leubner	Street: 2415 N. 72nd St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	11/26/2011 (Month) (Day) (Year)	Email Phone ()
8. Joseph Tschachler	Joseph Tschachler	Street: 4515 N. 149th St. City: BROOKFIELD Zip: 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BROOKFIELD	12/25/2011 (Month) (Day) (Year)	Email Phone ()
9. PRISCILLA Tschachler	Priscilla Tschachler	Street: 4515 N. 149th St. City: Brookfield Zip: 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BROOKFIELD	12/25/2011 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Emily malone, (certify): I reside at 2530 N. 70th St Wauwatosa
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year) (Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Amy Biggam</u> Sign: <u>[Signature]</u>	Street: <u>5922 W. Michigan St.</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1 / 11 / 2012</u> (Month) (Day) (Year)	Email <u>amybigg</u> Phone ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, Emily malone, (certify): I reside at 2530 N. 70th St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wauwatosa
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators.

Please include your contact

Phone

(414) 6

Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Ryan Welsh</u> Sign: <u>Ryan J. Welsh</u>	8854 W. Stickney Avenue. Street: <u>8854</u> City: <u>Wauwatosa</u> Zip: <u>53226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email <u>Rj.welsh</u> Phone <u>(414)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>

Certification of Circulator

I, NANCY TEWAKSNER (certify): I reside at 969 N. 115 ST
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

WAUWATOSA
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)
Nancy Tewsner
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators,
Please include your contact

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Mary J. Kennitz KEMNITZ	<i>Mary J. Kennitz</i>	Street: 2608 N. 53 RD ST. City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/9/2012 (Month) (Day) (Year)
2. Alex Becker	<i>Alex Becker</i>	Street: 1026 E Pleasant St Apt. 302 City: Milwaukee Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/9/2012 (Month) (Day) (Year)
3. JEFF HETCHLER	<i>Jeff Hetchler</i>	Street: 3822 N. 83 ST. City: MILWAUKEE Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/9/2012 (Month) (Day) (Year)
4. Mary Rose Gietl N.T.	<i>Mary Rose Gietl</i>	Street: 1523 St. Charles St. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/9/2012 (Month) (Day) (Year)
5. Melody A. Moyer	<i>Melody A. Moyer</i>	Street: 12106 W. Bluemound Rd. City: Wauwatosa Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/9/2012 (Month) (Day) (Year)
6. Hannah Barbeau	<i>Hannah Barbeau</i>	Street: 2877 N. 11 th ST City: Wauwatosa, WI Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/9/2012 (Month) (Day) (Year)
7. Rans Johnson	<i>Rans Johnson</i>	Street: 8023 W. NOAH AVE #2 City: Wauwatosa Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/9/2012 (Month) (Day) (Year)
8. MARY BURIAN	<i>Mary Burian</i>	Street: 6201 W RICHMOND AVE City: MILWAUKEE Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/12/2012 (Month) (Day) (Year)
9. Robert L. Woodard	<i>Robert L. Woodard</i>	Street: 2874 N. 90 th ST. City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	01/13/2012 (Month) (Day) (Year)
10. Solomon Demby	<i>Solomon Demby</i>	Street: 5218 W Lovers Lane Rd City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)

CONTACT
Email: Mary.Kemnitz
Phone: () () ()
Email: becker34
Phone: () () ()
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Certification of Circulator

I, NANCY TOWNSEND, (Name of Circulator)

(certify): I reside at 969 N. 115 ST

WAUWATOSA (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

Nancy Townsend
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators, please

Phone

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Email

Nancy Townsend

SCOTT WALKER RECALL PETITION

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1. GERALD IVEY ^{IVES D.O.}	<i>[Signature]</i>	Street: 2516 Pasadena Dr. ^{2516 PASADENA DR.} City: Wauwatosa ^{Wauwatosa} Zip: 53213 ⁵³²¹³	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa ^{Wauwatosa}	1/13/2012 (Month) (Day) (Year)	Email Phone ()
2. Kristy Marling	<i>[Signature]</i>	Street: 2041 Two Tree Ln. City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/13/2012 (Month) (Day) (Year)	Email Phone ()
3. Eric McAttee	<i>[Signature]</i>	Street: 2784 N. 98th St. City: Milwaukee, WI Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)	Email Phone ()
4. Ruth M Sundby	<i>[Signature]</i>	Street: 2121A N. 57th St City: Milwaukee WI Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/13/2012 (Month) (Day) (Year)	Email Phone (414) ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, NANCY TOWNSEND, (certify): I reside at 969 N. 115 ST WAUWATOSA
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012 *[Signature]*
(Month) (Day) (Year) (Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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Return by Jan
Committee to
PO Box 2569
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>LAWRENCE MORGAN</u> Print: <u>Lawrence Morgan</u> Sign: <u>Lawrence Morgan</u>	Street: <u>4137 N 48TH ST</u> City: <u>MILWAUKEE</u> Zip: <u>53218</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()
2. <u>Vernita Lee</u> Print: <u>Vernita Lee</u> Sign: <u>Vernita Lee</u>	Street: <u>3361 NO 36TH ST</u> City: <u>Milwaukee</u> Zip: <u>53216</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()
3. <u>Kenneth Tate</u> Print: <u>Kenneth Tate</u> Sign: <u>Kenneth Tate</u>	Street: <u>3314 N. 41ST</u> City: <u>Milwaukee</u> Zip: <u>53216</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()
4. <u>Delories Cooper</u> Print: <u>Delories Cooper</u> Sign: <u>Delories Cooper</u>	Street: <u>3259 N 41ST</u> City: <u>Milwaukee</u> Zip: <u>53216</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

I, Joanne Shansky (certify): I reside at 2030 Church St. Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012
(Month) (Day) (Year)

Joanne Shansky
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators.
Please include your co

Phone

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Email

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SCOTT WALKER RECALL PETITION

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Committee to Recall
PO Box 2569
Madison, WI 53702

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1. Print: <u>David Ogden</u> Sign: <u>[Signature]</u>	Street: <u>3159 N. Knoll Terrace</u> City: <u>Wauwatosa</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Lindsey Latteman</u> Sign: <u>[Signature]</u>	Street: <u>1243 N. Glenview #4</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Pam Saloun</u> Sign: <u>[Signature]</u>	Street: <u>2531 N. 69th St.</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

I, Joanne Shansky, (certify): I reside at 2030 Church St. Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012 Joanne Shansky
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
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Circulators,
Please include your contact information.
Phone
(414)
Email
jmshe

SCOTT WALKER RECALL PETITION

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Return by
Committee
PO Box 2
Madison,

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>June</u> Print: <u>June D. Calkins</u> Sign: <u>June D. Calkins</u>	<u>7901 Warren Ave.</u> Street: <u>7901 Warren Ave</u> <u>Wauwatosa</u> 53213 City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Joanne Shansky, (certify): I reside at 2030 Church St Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 2012
(Month) (Day) (Year) Joanne Shansky
(Signature of Circulator)

Page No. (Official Use Only)
33258

Circulator
Please include

Phone

(41)

Email

jm

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>AR MOWA</u> Sign: <u>Amour</u>	St: <u>4440</u> Street: <u>4440 N 52 St</u> City: <u>Milwaukee</u> Zip: <u>WI 53218</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1</u> / <u>10</u> / <u>2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> </u> / <u> </u> / <u>20 </u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, Joanne Shansky, (certify): I reside at 2030 Church St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wauwatosa
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 120 12
(Month) (Day) (Year)

Joanne Shansky
(Signature of Circulator)

Page No. (Official Use Only)
000259

Circulators,
Please include your co

Phone

(414)

Email

jmshe

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 13, 2012

Committee to Recall
PO Box 2569
Madison, WI 53702

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jerald L. Wisth</u> Sign: <u>Jerald L. Wisth</u>	Street: <u>597 W30827 Juniper Ln.</u> City: <u>Eagle, WI</u> Zip: <u>53119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Eagle</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email: <u>jgwisth</u> Phone: <u>(262) 7</u>
2. Print: <u>Jean M. Siegfried</u> Sign: <u>Jean M. Siegfried</u>	Street: <u>1335 Microw Lane</u> City: <u>Brookfield</u> Zip: <u>53045</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
3. Print: <u>Donald A. Siegfried</u> Sign: <u>Donald A. Siegfried</u>	Street: <u>1335 Microw Lane</u> City: <u>Brookfield</u> Zip: <u>53045</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
4. Print: <u>NEIL R. BROOKS</u> Sign: <u>Neil R. Brooks</u>	Street: <u>7915 HILLCREST DR.</u> City: <u>WAUWATOSA</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUWATOSA</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
5. Print: <u>BRIAN ROBERTSON</u> Sign: <u>Brian Robertson</u>	Street: <u>7915 HILLCREST DR</u> City: <u>WAUWATOSA</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUWATOSA</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>

Certification of Circulator

I, Joanne Shansky, (certify): I reside at 2030 Church St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wauwatosa
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 / 12012
(Month) (Day) (Year)

Joanne Shansky
(Signature of Circulator)

Page No. (Official Use Only)

000260

Circulators,
Please include your con

Phone

(414)

Email

jmsa

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>THOMAS O Chiapusio</u> Sign: <u>[Signature]</u>	Street: <u>5011 West Washington Boulevard</u> City: <u>Milwaukee</u> Zip: <u>53208</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>01/12/2012</u> (Month) (Day) (Year)	Email <u>Thomas.O.</u> Phone <u>(414) 461-1111</u>
2. Print: <u>David Conroy</u> Sign: <u>[Signature]</u>	Street: <u>3801 N. 99th Street</u> City: <u>Milwaukee</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email <u>dconnitro</u> Phone <u>() () ()</u>
3. Print: <u>Brenda Heimer</u> Sign: <u>[Signature]</u>	Street: <u>5160 N. 67th St</u> City: <u>milwaukee</u> Zip: <u>53218</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email <u>[Blank]</u> Phone <u>() () ()</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email <u>[Blank]</u> Phone <u>() () ()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email <u>[Blank]</u> Phone <u>() () ()</u>

I, Kristie L. Kroening, (certify): I reside at 7926 Gridley Ave.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wauwatosa
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 12 / 2012
(Month) (Day) (Year)

Kristie L. Kroening
(Signature of Circulator)

Page No. (Official Use Only)

000261

Circulators,
Please include your contact information

Phone

(414) 461-1111

Email

Kristie K

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Recall Sco
PO Box 16
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. <u>RISSA NIEMI</u> Print: <u>Rissa Niemi</u> Sign:	Street: <u>2479 N 64th St</u> City: <u>WAUNATOSA</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUNATOSA</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email <u>rissan</u> Phone <u>(414)</u>
2. <u>Jessica Ried</u> Print: <u>J Ried</u> Sign:	Street: <u>2251 Eastman Ave #7</u> City: <u>Green Bay</u> Zip: <u>54302</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Green Bay</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email <u>Jessay</u> Phone <u>(414)</u>
3. <u>Carmen Lopez</u> Print: <u>Carmen Lopez</u> Sign:	Street: <u>7221 W. Tripp Ave</u> City: <u>Milwaukee</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email <u>N/V</u> Phone <u>(414)</u>
4. <u>Ben Jasso</u> Print: <u>B Jasso</u> Sign:	Street: <u>8560 S Cathlyn Ct</u> City: <u>Oak Creek</u> Zip: <u>53154</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email <u>N</u> Phone <u>(414)</u>
5. <u>Bruce Francois</u> Print: <u>Bruce Francois</u> Sign:	Street: <u>1330 W. Sunset Road</u> <u>APT 240</u> City: <u>Port Washington</u> Zip: <u>53074</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Port Washington</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email <u></u> Phone <u>(262)</u>

I, HEIDI JASSO, (certify): I reside at 2479 N. 64th St Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stat.

Jan, 13, 12012
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

000262

Circulators,
Please include you
Phone

Email
heidj

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: Kyle Sperr Sign: Kyle Sperr	Street: 2003 Miller Park Way City: West Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email Kyle S Phone (414)
2. Print: MICHELLE TOMATTA Sign: Michelle Tomatta	Street: 1301 COLLEGE UPT 65 City: SOUTH Milwaukee Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SOUTH Milwaukee (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email Phone (414)
3. Print: Theresa Weisrock Sign: Theresa Weisrock	Street: W159 N10758 Captain's Dr City: Germantown WI Zip: 53022	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Germantown (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email tme Phone (
4. Print: Brandon Pungarcher Sign: Brandon Pungarcher	Street: W239 N5954 Maple Ave #211 City: SUSSEX, WI Zip: 53089	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sussex (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email Phone (262)
5. Print: Brittany Michels Sign: Brittany Michels	Street: W239 N5954 Maple Ave #211 City: SUSSEX WI Zip: 53089	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sussex (Municipality Name)	11/24/2011 (Month) (Day) (Year)	Email N Phone (262)

I, HEIDI JASSO, (certify): I reside at 2479 N. 64th St Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a), Wis. Stats.

Jan 13 2012
(Month) (Day) (Year)
Heidi Jasso
(Signature of Circulator)

Page No. (Official Use Only)
000263

Circulators,
Please include your
Phone
(
Email,
heid

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 250
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Linda Medina</u> Print: Sign:	<u>8662 S. Glen Forest Ct.</u> Street: <u>Oak Creek</u> City: <u>WI</u> Zip: <u>53564</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Oak Creek</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>(414)</u>
2. <u>Kristina Doorn</u> Print: Sign:	<u>13450 Squirrel Dr.</u> Street: <u>Brookfield</u> City: <u>WI</u> Zip: <u>53005</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: <u>Kld6</u> Phone: <u>(262)</u>
3. <u>SANDRA D. KELLEY</u> Print: Sign:	<u>Milwaukee</u> Street: City: <u>WI</u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
4. <u>HEIDI JASSO</u> Print: Sign:	<u>2479 N. 64th St.</u> Street: <u>Wauwatosa</u> City: <u>WI</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>11/13/2012</u> (Month) (Day) (Year)	Email: <u>heid</u> Phone: <u>(414)</u>
5. _____ Print: Sign: _____	_____ Street: City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

I, HEIDI JASSO, (certify): I reside at 2479 N 64th St Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a) Wis. Stats.

Jan. 13 2012 Heidi Jasso
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
030264

Circulators,
Please include your

Phone

Email
heid

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Gerard S Stolarczyk	<i>Gerard S Stolarczyk</i>	Street: 2837 S 63 St City: Milwaukee Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone ()
2. Ahmed J. Quereshi	<i>Ahmed J. Quereshi</i>	Street: 4224 S. Regal Manor Ct. City: New Berlin Zip: 53151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City New Berlin	1/7/2012 (Month) (Day) (Year)	Email Phone ()
3. Carl Raven	<i>Carl Raven</i>	Street: 3725 S. 15th ST. City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone ()
4. Robert Barczak	<i>Robert Barczak</i>	Street: 2107B S. 15th St L.R. #1 City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone ()
5. Lucas Kasten	<i>Lucas E. Kasten</i>	Street: 817 Montana Ave City: South Milwaukee WI Zip: 53172	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City South Milwaukee	1/10/2012 (Month) (Day) (Year)	Email Phone ()
6. Robin Rae Johnson	<i>Robin Rae Johnson</i>	Street: N5153 Cty Rd A City: Westfield Zip: 53964	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Westfield	1/10/2012 (Month) (Day) (Year)	Email Phone ()
7. Debby L. Johnson	<i>Debby L. Johnson</i>	Street: N5153 Cty Rd A City: Westfield WI Zip: 53964	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Westfield	1/10/2012 (Month) (Day) (Year)	Email Phone ()
8. Santiago G. Fuentes	<i>Santiago G. Fuentes</i>	Street: 1120 Zander Ln. City: Oostburg Zip: 53070	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oostburg	1/10/2012 (Month) (Day) (Year)	Email Phone ()
9. Brian Benning	<i>Brian Benning</i>	Street: 3811 S. Miner St City: Greenfield Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/10/2012 (Month) (Day) (Year)	Email Phone ()
10. Gloria Fuentes	<i>Gloria Fuentes</i>	Street: 1120 Zander Lane City: Oostburg Zip: 53070	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oostburg	1/10/2012 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, GLENN GRUNEWALD, (Name of Circulator)

(certify): I reside at 7825 JACKSON PARK BLVD.

WAUWATOSA

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Glenn Grunewald
(Signature of Circulator)

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Gloria Katt	<i>Gloria Katt</i>	Street: 1313 N. Franklin PL #306 City: Milwaukee WI Zip: 53202	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
2. Jim Johnson	<i>Jim Johnson</i>	Street: 6260 S. Lake Drive #909 City: Cudahy, WI Zip: 53110	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Cudahy	1/12/2012 (Month) (Day) (Year)
3. ms Nicole Boyce	<i>Nicole Boyce</i>	Street: 2205 West Greenfield City: Milwaukee WI Zip: 53204	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/12/2012 (Month) (Day) (Year)
4. Corey Duckworth	<i>Corey Duckworth</i>	Street: 2551 S 19th City: Milwaukee WI Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/14/2012 (Month) (Day) (Year)
5. Debra Dyke	<i>Debra Dyke</i>	Street: W5032 East Barton City: Plymouth WI Zip: 53073	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhine	1/12/2012 (Month) (Day) (Year)
6. William Gatter	<i>William Gatter</i>	Street: 6246 S 6825 maple H/W DR City: Wauwatosa WI Zip: 53189	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vernier	1/12/2012 (Month) (Day) (Year)
7. Randall Melleson	<i>Randall Melleson</i>	Street: 48 Roberta Ct City: Fond du Lac WI Zip: 54935	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond du Lac	1/12/2012 (Month) (Day) (Year)
8. Andrew Walther	<i>Andrew Walther</i>	Street: 4520 N Ardmore Ave City: Shorewood WI Zip: 53211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	1/12/2012 (Month) (Day) (Year)
9. Amanda Nimmer	<i>Amanda Nimmer</i>	Street: 207 N. Hamilton St. City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	1/12/2012 (Month) (Day) (Year)
10. Sarah Frey	<i>Sarah Frey</i>	Street: 2111 N 90th St City: Wauwatosa WI Zip: 53226	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/12/2012 (Month) (Day) (Year)

Certification of Circulator

I, GLENN GRUNEWALD
(Name of Circulator)

(certify): I reside at 7825 JACKSON PARK BLVD.
(Circulator's Residence - Street name and Number)

WAUWATOSA
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Glenn Grunewald
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Katherine Robinson	<i>Katherine Robinson</i>	Street: 6220 Upper Parkway N City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	01/02/2012 (Month) (Day) (Year)	Email Phone
2. Patricia Luebke	<i>Patricia Luebke</i>	Street: 6220 Upper Parkway North City: Wauwatosa Zip: 52313	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/2/2012 (Month) (Day) (Year)	Email luebk Phone (414)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, PATRICIA LUEBKE, (certify): I reside at 6220 UPPER PKWY North WAUWATOSA
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Patricia A. Luebke
(Signature of Circulator)

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Circulators, please

Phone 414
Email luebk

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Heather Stuart	[Signature]	Street: 2655 N. 72nd St City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/9/2012 (Month) (Day) (Year)
2. MARGARET BARTKOWSKI	[Signature]	Street: 2611 N. 88 City: Wauwatosa Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/9/2012 (Month) (Day) (Year)
3. Daniel L Monfil	[Signature]	Street: 1339 N ASTOR ST City: MILWAUKEE Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
4. Katie Miroslaw	[Signature]	Street: 522 N. 104th City: Wauwatosa Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/10/2012 (Month) (Day) (Year)
5. Adam Hinkle	[Signature]	Street: 4530 North 109th Street City: Wauwatosa Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/9/2012 (Month) (Day) (Year)
6. ERICA JR. ERICA BECH	[Signature]	Street: 9412 W PALMETTO AVE City: WAUWATOSA Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/10/2012 (Month) (Day) (Year)
7. TED SAVERIO	[Signature]	Street: 5404 NORTH 107 ST. City: Milwaukee WI Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
8. Christopher Jr. DOERING	[Signature]	Street: 6632 W Girard City: Milwaukee WI Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
9. Jody Martin	[Signature]	Street: 3012 N 79th St City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/10/2012 (Month) (Day) (Year)
10. DOROTHY MOEN	[Signature]	Street: 4685 N. 117th St City: Wauwatosa Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/10/2012 (Month) (Day) (Year)

Certification of Circulator

I, JOANNE T. LANGE, (certify): I reside at 2128 N. 73rd St. WAUWATOSA
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Grace H. Scaife	<i>Grace H. Scaife</i>	Street: 4561 North 45 th Street City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	12/2/2011 (Month) (Day) (Year)
2. FRED J SCAIFE	<i>Fred J Scaife</i>	Street: 4561 North 45 th Street City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	12/4/2011 (Month) (Day) (Year)
3. Fred Scaife III	<i>Fred Scaife III</i>	Street: 4561 North 45 th Street City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	12/4/2011 (Month) (Day) (Year)
4. Lisa Geraci	<i>Lisa Geraci</i>	Street: 3035 N 73rd Street City: Milwaukee WI Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	01/06/2012 (Month) (Day) (Year)
5. Philip Geraci	<i>Philip Geraci</i>	Street: 3035 N 73rd Street City: Milwaukee WI Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	01/06/2012 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	1/20 (Month) (Day) (Year)
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee, WI	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Carol M. Yanke, (certify): I reside at 2944 N. 91st Milwaukee, WI 53222
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Carol M. Yanke
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to F
PO Box 2569
Madison, WI 5

NAME & SIGNATURES OF ELECTORS		STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Catherine Millington Print: Catherine Millington Sign: Catherine Millington	Street: 7700 W. Portland Ave. #202 City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa (Municipality Name)	1 / 12 / 2012 (Month) (Day) (Year)	Email Phone ()	
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()	
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()	
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()	
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()	

Certification of Circulator

I, Ann M. Hetzel, (certify): I reside at 2766 S. 49th St. Milwaukee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3) Wis. Stat.

Circulators
Please include your contact

Phone
(414) 5
Email

01 / 12 / 2012
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. MARY C. BAHLERT	<i>Mary C Bahlert</i>	Street: W174N9433 DEVONWOOD RD. City: MENOMONEE FALLS Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MENOMONEE <input type="checkbox"/> City FALLS	11/27/2011 (Month) (Day) (Year)	Email Phone () ()
2. Rudolph J. Bahlert	<i>Rudolph J. Bahlert</i>	Street: W174N9433 DEVONWOOD RD. City: Menomonee Falls Zip: 53051	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MENOMONEE <input type="checkbox"/> City FALLS	11/27/2011 (Month) (Day) (Year)	Email Phone () ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Charisse A. Hoffman, certify: I reside at 4533 N 105th St Wauwatosa
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Charisse A. Hoffman
Signature of Circulator

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Circulators, please

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Madison

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. AARON HUTH	<i>Aaron Huth</i>	Street: 7809 LIVINGSTON AVE City: WAUWATOSA Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	12/29/2011 (Month) (Day) (Year)
2. NANCY LUCAS	<i>Nancy Lucas</i>	Street: 738 Windsor Ct City: WAUWATOSA Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	12/29/2011 (Month) (Day) (Year)
3. Nicholas M. Seidler	<i>Nicholas M. Seidler</i>	Street: 2139-A N. 71st St. City: Wauwatosa, WI Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	01/04/2012 (Month) (Day) (Year)
4. Angela Matlock	<i>Angela Matlock</i>	Street: 2907 W. Ramsey Dr. City: Greenfield, WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Greenfield	1/04/2012 (Month) (Day) (Year)
5. Clifford Hohlstein	<i>Clifford Hohlstein</i>	Street: 7857 N. 72 Street City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/04/2012 (Month) (Day) (Year)
6. Jillandra Sargent	<i>Jillandra N. Sargent</i>	Street: 3629 No. 6th City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/05/2012 (Month) (Day) (Year)
7. Fatima S. Marashi	<i>Fatima S. Marashi</i>	Street: 11065 Cathedral Ct City: Wauwatosa WI Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/06/2012 (Month) (Day) (Year)
8. DORA N.T. Dora Hev	<i>Dora Hev</i>	Street: 5019 N. 62nd St. City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/06/2012 (Month) (Day) (Year)
9. SHARON GROSS	<i>Sharon Gross</i>	Street: 2360 N. 116th St. City: WAUWATOSA Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/09/2012 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

CONTACT
Email: AHUTH@
Phone: (414) 64
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Certification of Circulator

NANCY TOWNSEND
(Name of Circulator)

(certify): I reside at

969 N. 115th St
(Circulator's Residence - Street name and Number)

WAUWATOSA
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Nancy Townsend
(Signature of Circulator)

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Circulators, please inc

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

NAME & SIGNATURES OF ELECTORS		STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Chris Elliott</u> Sign: <u>Chris Elliott</u>	3425 Steep Hollow Lane Street: Brookfield 53005 City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Brookfield</u> (Municipality Name)	12/25/2011 (Month) (Day) (Year)	Email Phone ()	
2. Print: <u>JUAN C. ROJO</u> Sign: <u>Juan C. Rojo</u>	4218 S. 22ND ST. Street: MILWAUKEE 53221 City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	1/15/2012 (Month) (Day) (Year)	Email Phone ()	
3. Print: _____ Sign: _____	_____ Street: _____ City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()	
4. Print: _____ Sign: _____	_____ Street: _____ City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()	
5. Print: _____ Sign: _____	_____ Street: _____ City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	/ / 20____ (Month) (Day) (Year)	Email Phone ()	

I, Kathleen Nielsen, (certify): I reside at 14220 Woodland Pl.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Brookfield
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012
(Month) (Day) (Year)

Kathleen Nielsen
(Signature of Circulator)

Page No. (Official Use Only)
000273
#

Circulators.
Please include your contact information.

Phone
(262)
Email
nielsen
yahoo

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to
Committee
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. CAROL E. JAGLOWSKI	<i>Carol E. Jaglowski</i>	Street: 1230 WINTERA LN #2 City: WAUKESHA, WI Zip: 53189	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUKESHA, WI	12/8/2011 (Month) (Day) (Year)	Email Phone () ()
2. DANIEL JAGLOWSKI	<i>Daniel Jaglowski</i>	Street: 1230 WINTERA LN #2 City: WAUKESHA, WI Zip: 53189	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUKESHA	12/10/2011 (Month) (Day) (Year)	Email Phone () ()
3. Michelle Hansen	<i>Michelle Hansen</i>	Street: 8126 W Woodland Ave City: WAUWATOSA WI Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	12/19/2011 (Month) (Day) (Year)	Email Phone () ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Jessica Jaglowski, (certify): I reside at 3522 N. 87th St. Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 12 / 2012 Jessica Jaglowski
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
090274

Circulators, please include

Phone (414)
Email jjagl



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 11, 2011
Committee to Recall Governor Scott Walker
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Linda Siker</u> Sign: <u>Linda Siker</u>	Street: <u>7575 N. Pheasant Ln.</u> City: <u>River Hills, WI</u> Zip: <u>53217</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>River Hills</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>Linda.siker@att.net</u> Phone: <u>(414) 661-1111</u>
2. Print: <u>Nancy Siker</u> Sign: <u>Nancy Siker</u>	Street: <u>2808 A S 60th St</u> City: <u>Milwaukee WI</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>rekis@att.net</u> Phone: <u>(414) 381-1111</u>
3. Print: <u>Robert Siker</u> Sign: <u>Robert Siker</u>	Street: <u>2207 W. Aurora</u> City: <u>Milwaukee</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: <u>rsiker@att.net</u> Phone: <u>(414) 381-1111</u>
4. Print: <u>MADELEINE KLUG</u> Sign: <u>Modeline Klug</u>	Street: <u>2120 Elm Tree Rd.</u> City: <u>Elm Grove</u> Zip: <u>53122</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>ELM GROVE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: <u>modeline.klug@att.net</u> Phone: <u>(262) 771-1111</u>
5. Print: <u>REHARD KLUG</u> Sign: <u>Reh W. Klug</u>	Street: <u>2120 ELM TREE RD.</u> City: <u>ELM GROVE</u> Zip: <u>53122</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>ELM GROVE</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: <u>reh.klug@att.net</u> Phone: <u>(262) 771-1111</u>

I, PATRICIA A. MACE, (certify): I reside at 11706 N CHURCH PL MEQUON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)
Patricia A. Mace
(Signature of Circulator)

Page No. (Official Use Only)
000275

Circulators,
Please include your contact info.
Phone: (262) 271-1111
Email: MACEP@SB

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Daniel Siker</u> Sign: <u>[Signature]</u>	Street: <u>7575 N. Pheasant Lane</u> City: <u>River Hills</u> Zip: <u>53217</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>River Hills</u> (Municipality Name)	<u>1/4/2012</u> (Month) (Day) (Year)	Email <u>Siker S</u> Phone <u>(914) 9</u>
2. Print: <u>PATRICIA A. MACE</u> Sign: <u>[Signature]</u>	Street: <u>11706 N. CHURCH PL</u> City: <u>MEQUON</u> Zip: <u>53097</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MEQUON</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email <u>262-2</u> Phone <u>MACEP</u>
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

I, PATRICIA A. MACE, (certify): I reside at 11706 N. CHURCH PL
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MEQUON 53097-2800
(Circulator Municipality)
Circulators,
Please include your contact i

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012 [Signature]
(Month) (Day) (Year) (Signature of Circulator)

000276

(Use Only)

Phone
262-2
Email
MACEP@SB

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

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1. AVE Mitchell-Lampkins	Ave Mitchell-Lampkins	Street: 3944 W. 61st City: Milwaukee Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: ava41 Phone: ()
2. Christy Pappas	Christy Pappas	Street: 3625 N 85th City: Milwaukee Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
3. Angela Chapman	Angela Chapman	Street: 7060 W. Medford Ave City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
4. Mary Borne	Mary Borne	Street: 4550 N 85th City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
5. Kiera Gray	Kiera Gray	Street: 2338 W. Keefe City: Milwaukee Zip: 53206	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
6. Stacy Fowler	Stacy Fowler	Street: 4399 N. 74th St. City: Milwaukee Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
7. BRITTANY THOMAS	Brittany Thomas	Street: 4326 S 51 Blvd City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
8. Sarah Shearer	Sarah Shearer	Street: 2906 N 75th City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
9. Sharn Ricks	Sharn Ricks	Street: 4340 N 84th City: Milwaukee Zip: 53218	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()
10. JULIA MAYS	Julia Mays	Street: 5368 N. Hopkins City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email: () Phone: ()

Certification of Circulator

I, Michael Duffey, (certify): I reside at 2573 N. 71st St Wauwatosa
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 18 12011
(Month) (Day) (Year)

Michael Duffey
(Signature of Circulator)

Page Not Official Use Only
001277

Circulators, please

Phone: ()
Email: MICHAEL

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. ^{MD} Elizabeth Zodrow	<i>[Signature]</i>	Street: 4344 N 84 th St City: Milwaukee Zip: 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)
2. ^{MD} Jasmine Jenkins	<i>[Signature]</i>	Street: 4764 N 30 th St City: Milwaukee WI Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)
3. ^{NINA} NINA SCOTT	<i>[Signature]</i>	Street: 6320 W. Babcock Ave City: Milwaukee WI Zip: 53218	<input type="checkbox"/> Town Milwaukee <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MD	12/17/2011 (Month) (Day) (Year)
4. Lashawnda Taylor	<i>[Signature]</i>	Street: 2002 N 30 th St City: Milwaukee Zip: 53208	<input type="checkbox"/> Town Milwaukee <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MD	12/17/2011 (Month) (Day) (Year)
5. Susan Nash	<i>[Signature]</i>	Street: 3752 N. 63 rd St City: Milwaukee Zip: 53216	<input type="checkbox"/> Town Milwaukee <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MD	12/17/2011 (Month) (Day) (Year)
6. Johnnie Christon	<i>[Signature]</i>	Street: 5545 W. Leach Trl City: Milwaukee Zip: 53216	<input type="checkbox"/> Town Milwaukee <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MD	12/17/2011 (Month) (Day) (Year)
7. Letitia Ruff	<i>[Signature]</i>	Street: 2768 N 50 th City: Milwaukee Zip: 53210	<input type="checkbox"/> Town Milwaukee <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MD	12/17/2011 (Month) (Day) (Year)
8. ^{MD} WILLETTE Willette Hill	<i>[Signature]</i>	Street: 8614 W Ford Dr City: Milwaukee WI Zip: 53225	<input type="checkbox"/> Town Milwaukee <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MD	12/17/2011 (Month) (Day) (Year)
9. Angela Jenkins	<i>[Signature]</i>	Street: 7811 W MEDFORD AVE City: Milwaukee Zip: 53218	<input type="checkbox"/> Town Milwaukee <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MD	12/17/2011 (Month) (Day) (Year)
10. ^{MD} YANKU MARRAH	<i>[Signature]</i>	Street: 4567 N. 75 City: Milwaukee Zip: 53218	<input type="checkbox"/> Town Milwaukee <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MD	12/17/2011 (Month) (Day) (Year)

Certification of Circulator

I, Michael Daffey, (certify): I reside at 2578 N 71st Wauwatosa
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 18 12011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

000278

(Official Use Only)

Circulators, please

Phone
Email
Michael

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. JASMINE JASMINE Johnson	<i>Jasmine Johnson</i>	Street: 3824 N 57th St. City: Milwaukee Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/17/2011 (Month) (Day) (Year)	Email Phone ()
2. EDWARD HAYDIN III	<i>Edward Haydin III</i>	Street: 2568 N. 71st City: Wauwatosa Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	12/18/2011 (Month) (Day) (Year)	Email Phone ()
3. Elisabeth Witt	<i>Elisabeth Witt</i>	Street: 2818 N. 68th St. City: Milwaukee Zip: 53210	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/18/2011 (Month) (Day) (Year)	Email Phone ()
4. KRISTYNA B. KORNILOWICZ	<i>K.B. Kornilowicz</i>	Street: 1230 N. 46th St. City: Milwaukee, WI Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/18/2011 (Month) (Day) (Year)	Email Phone ()
5. Nancy Havas	<i>Nancy Havas</i>	Street: 6904 W. Wisconsin City: Wauwatosa WI Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/18/2011 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Michael Duffey, (certify): I reside at 2573 N 71st Wauwatosa
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 18 / 2011
(Month) (Day) (Year)

Michael Duffey
(Signature of Circulator)

Page No. (Official Use Only)

000279

Circulators, please in

Phone (414)
Email MICHAEL

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jar
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>PAUL R. J. MATEJCEK</u> Sign: <u>[Signature]</u>	Street: <u>W240 HIGHWAY L</u> City: <u>EAST TROY</u> Zip: <u>53120</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>EAST TROY</u> (Municipality Name)	<u>1/7/2012</u> (Month) (Day) (Year)	Email <u>MATEJCEK</u> Phone <u>(262) ()</u>
2. Print: <u>Robert H Druker</u> Sign: <u>Robert H Druker</u>	Street: <u>12402 N. Lake Shore Dr.</u> City: <u>Megunon</u> Zip: <u>53092</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MEQUON</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone <u>(262) ()</u>
3. Print: <u>JEANNE L. FLEES</u> Sign: <u>Jeanne L. Flees</u>	Street: <u>4008 W. KIEHNAN</u> City: <u>MILWAUKEE</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) ()</u>
4. Print: <u>BEN FLEES</u> Sign: <u>Benny Flees</u>	Street: <u>4008 W. KIEHNAN FAT</u> City: <u>MILWAUKEE</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE FAT</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email Phone <u>414 39 ()</u>
5. Print: <u>[X]</u> Sign: <u>[X]</u>	Street: <u>[X]</u> City: <u>[X]</u> Zip: <u>[X]</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>[X]</u> (Municipality Name)	<u>[X] / [X] / 20</u> (Month) (Day) (Year)	Email Phone <u>() ()</u>

I, FAY ANNE JAVIERNE (certify): I reside at 9400 W. NORTH AVE Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)
Fay Anne Javigne
(Signature of Circulator)

Page No. (Official Use Only)

000280

Circulators.

Please include your contact

Phone

(414) 7

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>PHYLLIS G. SMITH</u> Print: <u>Phyllis G. Smith</u> Sign: <u>[Signature]</u>	Street: <u>#2414 2429 E BRADFORD</u> City: <u>MILWAUKEE</u> Zip: <u>53211</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>FAT</u> <u>12/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414)</u>
2. <u>KEVIN SMITH</u> Print: <u>Kevin Smith</u> Sign: <u>[Signature]</u>	Street: <u>9418 N. GREEN BAY</u> City: <u>BROWN DEER</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BROWN DEER</u> (Municipality Name)	<u>FAT</u> <u>12/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(414)</u>
3. <u>NORMA E. SCHUB</u> Print: <u>Norma E. Schub</u> Sign: <u>[Signature]</u>	Street: <u>717 W. HOLT AVE</u> Apt. <u>116</u> City: <u>MILWAUKEE</u> Zip: <u>53215</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>FAT</u> <u>1/11/2012</u> (Month) (Day) (Year)	Email: <u>4142</u> Phone: <u>()</u>
4. <u>MARK W. BROWNING</u> Print: <u>Mark W. Browning</u> Sign: <u>[Signature]</u>	Street: <u>1027 S. 111TH ST.</u> City: <u>WEST ALLIS</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WEST ALLIS</u> (Municipality Name)	<u>1/11/2012</u> (Month) (Day) (Year)	Email: Phone: <u>(414)</u>
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>

Certification of Circulator

I, FAY ANNE TAVEIRNE, (certify): I reside at 9400 W. NORTH AVE
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wauwatosa
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)
Fay Anne Taveirne
(Signature of Circulator)

Page No. (Official Use Only)

000281

Circulators,
Please include your contact information

Phone

(414)

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. VALERIA LEWIS TAYLOR	<i>[Signature]</i>	Street: 4149 NORTH 67TH STREET City: MILWAUKEE Zip: 53216	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/9/2011 (Month) (Day) (Year)
2. VELONIA M. WILLIAMS	<i>[Signature]</i>	Street: 4545 NORTH 40th Street City: Milwaukee Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	12/9/2011 (Month) (Day) (Year)
3. stacey Wodehouse	<i>[Signature]</i>	Street: 3445 Wilshire Rd. City: Brookfield Zip: 53045	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/31/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jennifer Forkes, (certify): I reside at 2208 N. 71 ST Wauwatosa,
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan / 11 / 2012
(Month) (Day) (Year)

Jen Forkes
(Signature of Circulator)

Page No. 000282 (Official Use Only)

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CONTACT INFORMATION
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Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by Jan

Committee to
PO Box 2569
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Carrie Mihal-Garlisle</u> Sign: <u>[Signature]</u>	Street: <u>2575 N 70th St</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>01/03/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Michael C. Ignatowski</u> Sign: <u>[Signature]</u>	Street: <u>6318 West North Ave.</u> City: <u>Wauwatosa WI.</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/3/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Michele Robles</u> Sign: <u>[Signature]</u>	Street: <u>4516 W. Howard Ave.</u> City: <u>Milwaukee</u> Zip: <u>53220</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/6/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Marechal ah MAX FARECHAH</u> Sign: <u>[Signature]</u>	Street: <u>2202 N Leiber Ave</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>01/04/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: <u>Kimberly Flessert</u> Sign: <u>[Signature]</u>	Street: <u>1363 N. 72nd St</u> City: <u>Wauwatosa</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>01/04/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Ann M. Heidkamp (certify): I reside at 1329 W. Lloyd St. Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 6 2012 Ann M. Heidkamp
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

000283A

Circulators,

Please include your contact

Phone

(414)

Email

heidkam

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 250
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Daniel Kartz</u> Print: <u>Daniel Kartz</u> Sign: <u>[Signature]</u>	Street: <u>1655 A. So. 81st</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>01</u> <u>1/11/2012</u> (Month) (Day) (Year)	Email: _____ Phone: _____
2. <u>Darlene Brunet</u> Print: <u>Darlene Brunet</u> Sign: <u>[Signature]</u>	Street: <u>1701 A S. 81st</u> City: <u>West Allis</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>01</u> <u>1/11/2012</u> (Month) (Day) (Year)	Email: _____ Phone: _____
3. <u>Jeff Kartz</u> Print: <u>Jeff Kartz</u> Sign: <u>[Signature]</u>	Street: <u>12333 W. Watertown Plk Rd</u> City: <u>Wauwatosa</u> Zip: <u>53226</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

Certification of Circulator

I, Alexander Kartz (certify): I reside at 12333 W. Watertown Plk Rd Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan 13 2012
(Month) (Day) (Year)

Alexander Kartz
(Signature of Circulator)

Page No. (Official Use Only)
000283

Circulators,
Please include your contact information

Phone: _____
Email: Kartz

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Commit
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. RUSSELL E SMITH	<i>Russell E Smith</i>	Street: W 351N 5271 RD "C" City: Oconomowoc Zip: 53066	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 24 / 2011 (Month) (Day) (Year)	Email Phone ()
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Kathleen Westover (Name of Circulator), (certify): I reside at 2745 N 70th Street Milwaukee (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 24 / 2011
(Month) (Day) (Year)

Kathleen Westover
(Signature of Circulator)

Page No. (Official Use Only)

000284

Circulators, please in

Phone ()

Email



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Kim Gardner</u> Print: <u>Kim Gardner</u> Sign: <u>Kim Gardner</u>	Street: <u>7603 W. Donna Ct.</u> City: <u>Milwaukee</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/2012</u> (Month) (Day) (Year) <u>1-11-12</u>	Email Phone <u>(414) 7</u>
2. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
3. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, WALTER REDMOND, (certify): I reside at 2708 N 38th
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 11 / 2012
(Month) (Day) (Year)

Walter Redmond
(Signature of Circulator)

Page No. (Official Use Only)

#000285

Circulators.

Please include your contact

Phone

(262) 4

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. PATRICIA H. MUNDY	<i>Patricia H. Mundy</i>	Street: 2225 N. 103 RD ST. City: WAUWATOSA, WI Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	12/29/2011 (Month) (Day) (Year)
2. NANCY M. KOHNERT	<i>Nancy M. Kohnert</i>	Street: 4276 Glenway St City: Wauwatosa Zip: 53222	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/5/2012 (Month) (Day) (Year)
3. Roxanne Tally	<i>Roxanne Tally</i>	Street: 4121 N 19 th place Apt 3 City: Milwaukee, WI Zip: 53209	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/6/2012 (Month) (Day) (Year)
4. Tricia L. Mundy	<i>Tricia L. Mundy</i>	Street: 135 N. 110 th ST. City: Wauwatosa WI Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/6/2012 (Month) (Day) (Year)
5. Rocco E. DeRose	<i>Rocco DeRose</i>	Street: 3754 S. 35 th St City: Greenfield, WI Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City milwaukee	1/6/2012 (Month) (Day) (Year)
6. John R. Morgan	<i>John R. Morgan</i>	Street: 135 N. 110 th ST City: Wauwatosa WI Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatosa	1/6/2012 (Month) (Day) (Year)
7. GAY LEIGH MUNDY	<i>Gay Leigh Mundy</i>	Street: 2225 N. 103 RD ST. City: WAUWATOSA Zip: 53226	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUWATOSA	1/6/2012 (Month) (Day) (Year)
8. Alvera Montgomery	<i>Alvera Montgomery</i>	Street: 2567 S. 15 th Lower City: Milwaukee Zip: 53215	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)
9. Julie Haydin	<i>Julie Haydin</i>	Street: 101 S. Grandview Blvd City: Waukesha Zip: 53185	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukesha	1/7/2012 (Month) (Day) (Year)
10. Christina Frieal	<i>Christina Frieal</i>	Street: 101 S. Grandview Blvd City: Waukesha WI Zip: 53188	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukesha	1/7/2012 (Month) (Day) (Year)

CONTACT INFORMATION
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Certification of Circulator

I, GAY LEIGH MUNDY (Name of Circulator), (certify): I reside at 2225 N. 103RD ST. (Circulator's Residence - Street name and Number) WAUWATOSA (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan 1 7 2012
(Month) (Day) (Year)

Gay Leigh Mundy
(Signature of Circulator)

Page No. (Official Use Only)

#000286

Circulators, please

Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Cheryl Raven	<i>Cheryl Raven</i>	Street: 3725 S. 15 Street City: Milwaukee Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email Phone 414, 6
2. Jose Alcala	<i>Jose Alcala</i>	Street: 1653 S. 30th City: Milwaukee Zip: 53213	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	1/7/2012 (Month) (Day) (Year)	Email cachi Phone ()
3. Richard R. Kania	<i>Richard R. Kania</i>	Street: 1325 Victoria Circle S. City: Elm Grove Zip: 53122	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ELM GROVE	1/8/2012 (Month) (Day) (Year)	Email Phone ()
4. Beth Zupiec-Kania	<i>Beth Zupiec-Kania</i>	Street: 1325 Victoria Circle S. City: Elm Grove, WI Zip: 53122	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Elm Grove	1/8/2012 (Month) (Day) (Year)	Email 262 754 Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, GAY LEIGH MUNDY (Name of Circulator), (certify): I reside at 2225 N. 103RD ST. (Circulator's Residence - Street name and Number) WAUKWATOSA (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Jan. 1 13 2012
(Month) (Day) (Year)

Gay Leigh Mundy
(Signature of Circulator)

Page No. (Official Use Only)
000287

Circulators, please in

Phone 414
Email gls

PAGE NUMBER:

000288 + 289

NOT SUBMITTED

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to R
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Krista Werchowksi Print: Krista Werchowksi Sign: Krista Werchowksi	Street: 208 Granary Circle City: Hartland Zip: 53029	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hartland (Municipality Name)	11/18/2011 (Month) (Day) (Year)	Email Krista We Phone (414) 3
2. Erin Bronzener Print: Erin Bronzener Sign: Erin Bronzener	Street: 606 Riverview Dr. City: Thiensville Zip: 53092	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mequon-Thiensville (Municipality Name)	11/18/2011 (Month) (Day) (Year)	Email erin.b Phone (414) 4
3. Beth Larson Print: Beth Larson Sign: Beth Larson	Street: 7183 Unicorn Dr. City: Hartford, WI Zip: 53027	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Erin (Municipality Name)	11/18/2011 (Month) (Day) (Year)	Email beth Phone (414) 4
4. Charlotte Cathey Print: Charlotte Cathey Sign: Charlotte Cathey	Street: 8362 N 49th St City: Brown Deer, WI Zip: 53223	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brown Deer (Municipality Name)	12/16/2011 (Month) (Day) (Year)	Email 414-5 Phone Charlotte Cathey ()
5. Hugh S. McManus Print: Hugh S. McManus Sign: Hugh S. McManus	Street: 1354 Hawthorne Dr City: Delafield Zip: 53018	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Delafield (Municipality Name)	12/23/2011 (Month) (Day) (Year)	Email hmcmanu Phone ()

Certification of Circulator

I, Adam Ithier, (certify): I reside at 2203 N. 62nd St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wauwatosa
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

A. Ithier
(Signature of Circulator)

Page No. (Official Use Only)
000290A

Circulators.

Please include your contact

Phone

()

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Tiffany S. Herreka</u> Sign: <u>[Signature]</u>	Street: <u>2578 N. 67th St</u> City: <u>WAUWATOSA</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUWATOSA</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email <u>twilites</u> Phone <u>(414)</u>
2. Print: <u>Shonda SCARBOROUGH</u> Sign: <u>[Signature]</u>	Street: <u>6450 N 68th St</u> City: <u>MILWAUKEE</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email <u>Shonda</u> Phone <u>(414)</u>
3. Print: <u>Terrence D. Sippel</u> Sign: <u>[Signature]</u>	Street: <u>2578 N. 67th St.</u> City: <u>Wauwatosa, WI</u> Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>12/31/2011</u> (Month) (Day) (Year)	Email <u>terry@s</u> Phone <u>(414)</u>
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>

Certification of Circulator

I, Adam Thier (certify): I reside at 2203 N. 62nd St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wauwatosa
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000240

Circulators,
Please include your contact

Phone
()
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January

Committee to Recall
PO Box 2569
Madison, WI 537

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Patricia A Zeunik</u> Sign: <u>Patricia A Zeunik</u>	Street: <u>8824 W. Whitaker AV</u> City: <u>Greenfield</u> Zip: <u>53228</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 3</u>
2. Print: <u>Dennis A Zeunik</u> Sign: <u>Dennis A Zeunik</u>	Street: <u>8824 W. Whitaker Ave</u> City: <u>Greenfield</u> Zip: <u>53228</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 32</u>
3. Print: <u>Jeff A Weiler</u> Sign: <u>Jeff A Weiler</u>	Street: <u>9154 W Bottsford Ave</u> City: <u>Greenfield</u> Zip: <u>53228</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>11/2/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) 54</u>
4. Print: <u>DONNA M. Weiler</u> Sign: <u>Donna M. Weiler</u>	Street: <u>9154 W. Bottsford AVE</u> City: <u>Greenfield</u> Zip: <u>53228</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>11/2/2012</u> (Month) (Day) (Year)	Email Phone <u>(414) 54</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone <u>()</u>

I, DONNA Weiler (certify): I reside at 9154 W. Bottsford AVE Greenfield
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 12 / 2012 Donna Weiler
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
0062906

Circulators,
Please include your contact information

Phone
(414) 54
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DAVID F. MALCZEWSKI JR	David F. Malczewski Jr	Street: 3022 S. 94 th ST City: WEST ALLIS Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1 / 13 / 2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT INFORMATION
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I, Michael Ryan (Name of Circulator), (certify): I reside at 6922 W Becher ST (Circulator's Residence - Street name and Number) WEST ALLIS (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Circulators, please
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Email

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 11, 2011

Committee to Recall Governor Scott Walker
PO Box 2569
Madison, WI 53702

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Ryan Hlavacek</u> Sign: <u>[Signature]</u>	Street: <u>500 W. Hampton Ave #314</u> City: <u>Milwaukee</u> Zip: <u>53217</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email: Phone: <u>bussphyer5</u> (414) 4
2. Print: <u>Kelsy Berglund</u> Sign: <u>[Signature]</u>	Street: <u>500 W Hampton Ave #314</u> City: <u>Milwaukee</u> Zip: <u>53217</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email: Phone: <u>kelsy</u> (414) 4
3. Print: <u>Jacob Hlavacek</u> Sign: <u>[Signature]</u>	Street: <u>578 W 16610 Spinnaker Dr.</u> City: <u>Muskego</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: Phone: <u>bijakel</u> (414) 4
4. Print: <u>Richard Hlavacek</u> Sign: <u>[Signature]</u>	Street: <u>578 W 16610 Spinnaker Dr.</u> City: <u>Muskego</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email: Phone: <u>[Signature]</u> (414) 4
5. Print: <u>Laura Hlavacek</u> Sign: <u>Laura A Hlavacek</u>	Street: <u>578 W 16610 Spinnaker</u> City: <u>Muskego</u> Zip: <u>53150</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Muskego</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email: Phone: <u>[Signature]</u> (414) 4

Certification of Circulator

I, Brian Gertz, (certify): I reside at 8101 W. Manitoba St #10 West Allis
(Printed Name of Circulator) (Circulator's Residence -- Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012 [Signature]
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000291

Circulators.

Please include your contact

Phone

(414) 6

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R

PO Box 2569

Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>CHERYL MUSA</u> Sign: <u>[Signature]</u>	Street: <u>8219 S. 42nd St</u> City: <u>FRANKLIN</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>FRANKLIN</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Michael Musa</u> Sign: <u>Michael Musa</u>	Street: <u>8219 S. 42nd St.</u> City: <u>Franklin</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Franklin</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Brian Gertz</u> Sign: <u>Brian Gertz</u>	Street: <u>8101 W. Manitobast #10</u> City: <u>West Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>01/07/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Pamela Papertuss</u> Sign: <u>[Signature]</u>	Street: <u>1020 E Elm Rd</u> City: <u>Oak Creek</u> Zip: <u>53154</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Oak Creek</u> (Municipality Name)	<u>1/10/2012</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ /20</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Brian Gertz (certify): I reside at 8101 W. Manitoba St #10 West Allis
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000292

Circulators

Please include your contact info

Phone

(414) 61

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>PAUL WOYAK</u> Sign: <u>[Signature]</u>	Street: <u>646 E VILLAGE GREEN CT</u> City: <u>OAK CREEK</u> Zip: <u>53154</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>OAK CREEK</u> (Municipality Name)	<u>11/5/2012</u> (Month) (Day) (Year)	Email Phone: <u>[Signature]</u> (414) 6
2. Print: <u>Kym Monelli</u> Sign: <u>[Signature]</u>	Street: <u>5823-55th St #15</u> City: <u>Kenosha</u> Zip: <u>WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u> (Municipality Name)	<u>11/5/2012</u> (Month) (Day) (Year)	Email Phone: <u>MOREL</u> (262) 9
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone: _____ ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone: _____ ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone: _____ ()

Certification of Circulator

I, Brian Gertz JR (certify): I reside at 8101 W. Manitoba St #10 West Allis
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 09 / 2012 Brian Gertz JR
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
03293

Circulators,
Please include your contact

Phone
(414) 6
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return

Commit
PO Box
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sara Sagan	<i>Sara Sagan</i>	Street: 3027 W. Franklin Terrace City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/10/2012 (Month) (Day) (Year)
2. JEANNE WARMS BECKER	<i>Jeanne Warmbecker</i>	Street: 3627 W. Hilltop City: FRANKLIN-WI Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/10/2012 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10. CHUCK WARMSBECKER		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT

Email

Phone

Email

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Phone

Certification of Circulator

I, Chuck Warmbecker, (certify): I reside at 3627 W. HILLTOP LN FRANKLIN
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 1 / 13 12012
(Month) (Day) (Year)

Chuck Warmbecker
(Signature of Circulator)

Page No. (Official Use Only)
000294

Circulators, please fill in

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
Comm
PO Box
Madiso

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Nancy L. Jacobs	<i>[Signature]</i>	Street: 1968 S. 72nd St City: West Allis WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/11/2012 (Month) (Day) (Year)
2. Tina Gates	<i>[Signature]</i>	Street: 7020 W. Lincoln City: West Allis WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/11/2012 (Month) (Day) (Year)
3. Gary Steiber	<i>[Signature]</i>	Street: 2076 S. 83rd St Apt. 7 City: West Allis, WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/11/2012 (Month) (Day) (Year)
4. Ann Carter	<i>[Signature]</i>	Street: 7911 W. Oklahoma Ave City: West Allis, WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	1/13/2012 (Month) (Day) (Year)
5. Mike Chapman	<i>[Signature]</i>	Street: 7203 W Lincoln City: Milwaukee WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/13/2012 (Month) (Day) (Year)
6. Jamere Towns	<i>[Signature]</i>	Street: 5833 W National City: Milwaukee WI Zip: 53219	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/13/2012 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

CONTACT
Email
Phone ()
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Phone ()

Certification of Circulator

I, RAYMOND HALLSTRAND, (certify): I reside at 8322 W. Howard Ave Milwaukee
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 1 13 2012
(Month) (Day) (Year)
Raymond Hallstrand
(Signature of Circulator)

027295
Page No. (Official Use Only)
#

Circulators, please in

Phone
814
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Sean D'Esposito</u> Print: <u>Sean D'Esposito</u> Sign: <u>[Signature]</u>	Street: <u>6020 S Buckhorn Ave #105</u> City: <u>Cudahy</u> Zip: <u>53110</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Cudahy</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email <u>sdesposito</u> Phone <u>(414)</u>
2. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
3. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email _____ Phone <u>()</u>

Certification of Circulator

I, Christine Bielke (certify): I reside at 117 S. 76th St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Milwaukee
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
137296

Circulators,
Please include your contact info
Phone
(414)
Email
Cbielke

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10

Committee to Recall V
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Heather Brinkley</u> Sign: <u>[Signature]</u>	Street: <u>2521 Fish Hatchery</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>12/10/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Vanessa Morgan</u> Sign: <u>[Signature]</u>	Street: <u>1807 W. Hopkins St</u> City: <u>Milwaukee</u> Zip: <u>53206</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/14/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Donna Rolerat</u> Sign: <u>[Signature]</u>	Street: <u>9651 W. Beloit RD</u> City: <u>Milwaukee</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>12/20/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Susan Born</u> Sign: <u>[Signature]</u>	Street: <u>3740 N. 83rd St</u> City: <u>Milwaukee</u> Zip: <u>53222</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: <u>Lewis Holey</u> Sign: <u>[Signature]</u>	Street: <u>6723 N Brentwood Ave</u> City: <u>Milwaukee</u> Zip: <u>53223</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>1/5/2012</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, CHRISTOPHER WIEBENTHAL, (certify): I reside at 9657 W. BELOIT RD, #12
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MILWAUKEE, WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)
Christopher Wiebenthal
(Signature of Circulator)

Page No. (Official Use Only)

039297

Circulators.

Please include your contact info in case

Phone
(414) 687-1
Email
cappert42@at

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10

Committee to Recall
PO Box 2569
Madison, WI 53701

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>RALPH LIEBENTHAL</u> Sign: <u>Ralph Liebenthal</u>	Street: <u>2136 S. 95th St</u> City: <u>West Allis</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 327-</u>
2. Print: <u>Valerie Kegel</u> Sign: <u>Valerie Kegel</u>	Street: <u>2132 S. 95th St</u> City: <u>West Allis</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Allis</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 327-</u>
3. Print: <u>MICHAEL KEGEL</u> Sign: <u>Michael Kegel</u>	Street: <u>2132 S. 95th St</u> City: <u>WEST ALLIS</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WEST ALLIS</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(414) 327-</u>
4. Print: <u>Linda Liebenthal</u> Sign: <u>Linda Liebenthal</u>	Street: <u>9651 W Beloit Rd</u> City: <u>Milwaukee</u> Zip: <u>53227</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: <u>Anacla Kessler</u> Sign: <u>Anacla Kessler</u>	Street: <u>2029A S. 77th St</u> City: <u>WEST Allis</u> Zip: <u>53219</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WEST Allis</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, CHRISTOPHER LIEBENTHAL (certify): I reside at 9651 W. BELOIT RD, #12
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MILWAUKEE
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)
Christopher Liebenthal
(Signature of Circulator)

Page No. (Official Use Only)
000298

Circulators,
Please include your contact info in case

Phone
(414) 687-1
Email
capper42@a

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return
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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. STEVEN R. SCHMIOT	<i>Steven R. Schmiot</i>	Street: 6142 S. 27 ST. City: MILWAUKEE Zip: 53221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	1/11/2012 (Month) (Day) (Year)
2. MARIAN OSWALD	<i>Marian Oswald</i>	Street: 8500 S. 36 STR. City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/13/2012 (Month) (Day) (Year)
3. Vanessa Kramasz	<i>Vanessa Kramasz</i>	Street: 4000 W. Acre Ave City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	1/13/2012 (Month) (Day) (Year)
4. KEVIN KRAMASZ	<i>Kevin Kramasz</i>	Street: 4000 W. ACRE City: FRANKLIN Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FRANKLIN	1/13/2012 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, LINDA FRIBERG, (certify): I reside at 4112 West Acre Ave Franklin, WI 53132
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.33(3)(a), Wis. Stats.

01 / 13 / 2012
(Month) (Day) (Year)

Linda Friberg
(Signature of Circulator)

Page No. (Official Use Only)

000298B

Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to:
Commissioner
PO Box
Madison, WI 53703

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Sarah Komassa	<i>Sarah Komassa</i>	Street: 9177 S. Sherwood Dr City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin	11/16/2011 <small>(Month) (Day) (Year)</small>
2. George Grunert	<i>George Grunert</i>	Street: 6605 Cliffside Ct City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
3. Tom S. Leto	<i>Tom S. Leto</i>	Street: 2554 S. 94th West City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	11/24/2011 <small>(Month) (Day) (Year)</small>
4. Michele Leto	<i>Michele Leto</i>	Street: 3301 S. 93 #302 City: Milwaukee Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/24/2011 <small>(Month) (Day) (Year)</small>
5. Sue Lilla	<i>Sue Lilla</i>	Street: 5320 S. 124th St. 53130 City: Hales Corners Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hales Corners	11/24/2011 <small>(Month) (Day) (Year)</small>
6. Larry Lilla	<i>Larry Lilla</i>	Street: 5320 S. 124th St City: Hales Corners Zip: 53130	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hales Corners	11/24/2011 <small>(Month) (Day) (Year)</small>
7. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ <small>(Month) (Day) (Year)</small>
8. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ <small>(Month) (Day) (Year)</small>
9. <i>[Signature]</i>	<i>[Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ <small>(Month) (Day) (Year)</small>
10. Patricia Leto	<i>Patricia Leto</i>	Street: 2554 S. 94 City: West Allis Zip: 53227	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Allis	11/24/2011 <small>(Month) (Day) (Year)</small>

CONTACT INFORMATION
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Certification of Circulator

I, Holly K. Leto, (certify): I reside at 9242 S. Sherwood Dr. Franklin
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 24 / 2011
(Month) (Day) (Year)
Holly K. Leto
(Signature of Circulator)

Page No. (Official Use Only)
000299

Circulators, please to:
 Phone 414
 Email l.eto

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>John Dunn</u> Sign: <u>[Signature]</u>	Street: <u>7200 W Maple Terrace</u> City: <u>Wauwatosa</u> W. Zip: <u>53213</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauwatosa</u> (Municipality Name)	<u>1/12/2012</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>CHARLIE FUGATE</u> Sign: <u>Charlie Fugate</u>	Street: <u>7728 W. DIXON ST.</u> City: <u>MILWAUKEE</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Brenda Stephens</u> Sign: <u>Brenda Stephens</u>	Street: <u>7728 W. DIXON ST.</u> City: <u>MILWAUKEE</u> Zip: <u>53214</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>1/13/2012</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone ()

I, Gregory Walt-Chojnacki, (certify): I reside at 8007 Portland Ave Wauwatosa
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

1 / 13 / 2012
(Month) (Day) (Year)

[Signature]
Signature of Circulator

Page No. (Official Use Only)

000300A

Circulators.

Please include your contact info

Phone

(414) 4

Email

greg@u

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Dustin Becker	<i>Dustin Becker</i>	Street: 514 Russell Dr City: Greendale WI Zip: 53129	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Greendale	01/11/2012 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Joyce Becker (Name of Circulator), (certify): I reside at 5114 Russell Dr. (Circulator's Residence - Street name and Number) Greendale (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

01 / 11 / 2012
(Month) (Day) (Year)

Joyce Becker
(Signature of Circulator)

Page No. (Official Use Only)
000300

Circulators, please inc

Phone 414
Email joy.d